

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021647

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

337

Primary Registration District No.

4499

Registrar's No.

11

FILED MAY 16 1962

1. PLACE OF DEATH

a. COUNTY

Shelby

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Shelbina

Length of stay in 1b
8 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Shelby

c. CITY OR TOWN
ShelbinaInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

512 South Center St.

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
512 South Center St.Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Robert

Middle

John

Last

Hoffman

4. DATE OF DEATH

Month

May

Day

2,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 15,

9. AGE (last birthday)

1919 -42

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Deliveryman

10b. KIND OF BUSINESS OR INDUSTRY

Oil Products

11. BIRTHPLACE (City and state or country)

Owanka, S. Dakota

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Andrew Hoffman

13b. MOTHER'S MAIDEN NAME

Murrille Brassfield

14. NAME OF HUSBAND OR WIFE

Joyce Ellen Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

3

17. INFORMANT

Address

Mrs. Joyce Hoffman, Shelbina, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary heart disease

DUE TO (c)

Gun shot wound of left forearm and back in World War 2 in 1943

19 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Injury during Service of World War 2

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1954 to May 2, 1962 and last saw him alive on April 28, 1962
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. J. H. Tompkins

22b. ADDRESS

Shelbina, Missouri

22c. DATE SIGNED

5/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

Shelbina Cemetery

23d. LOCATION (City, town, or county)

Shelbina, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hayes Funeral Home, Shelbina, Mo

25. DATE RECD. BY LOCAL REG.

May 8, 1962

26. REGISTRAR'S SIGNATURE

Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1020

2 1020

3 2

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 90-2

13 3-0

MAY 17 1962

VS MAY 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul S. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 5-6-62